

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Charter Certificate from
E&J's NEMT Services, LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2022 - 87 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Joan Hooks

Telephone: 803-683-2707

Address: 216 Deerwood St. Apt. H

Fax: _____

Columbia, SC 29205

Other: 803-530-2754

Email: Ejnemtsservices@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Request for Name Change on Certificate

☐ Application - Class C Taxi

☐ Request to Amend Scope of Authority

☐ Application - Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

☐ Application - Class C Charter Bus

☐ Request to Amend Passenger Limit

☒ Application - Class C Non-Emergency

☐ Request

☐ Application - Class C Stretcher Van

☐ Exhibit

☐ Application - Class E Household Goods

☐ Late-Filed Exhibit

☐ Application - Class E Hazardous Waste

☐ Letter

☐ Application

☐ Proposed Order

☐ Request for Extension to Comply with Order

☐ Publisher's Affidavit

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Reservation Letter

☐ Request for Cancellation of Certificate

☐ Response

☐ Request for Suspension

☐ Return to Petition

☐ Request for Reinstatement

☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

IDA 305645
POSTED
SMH 2.8.22

RECEIVED

FEB 28 2022

PSCSC
Clerks Office

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 02/23/2022

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. E&J's NEMT Services, LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
216 Deerwood St, Apt H, Columbia, SC 29205
Street Address of Applicant
PO Box 90202, Columbia, SC 29209
Mailing Address of Applicant (if different from street address)
803-683-2707
Phone Fax
EJnemtservices@gmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☒ Corporation - List names and addresses of two principal officers.

Joan Hooks - 216 Deerwood St, Apt H, Columbia, SC 29205

Lance Peterson - 216 Deerwood St, Apt H, Columbia, SC 29205

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	0	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	8000.00	Loans Owed on Motor Vehicles	0
Cash on Hand	100.00	Business/Other Loans Owed	0
Cash in Bank	500.00	Other Liabilities or Debts	50000.00 <i>Deferred Student</i>
Value of Other Assets and Equipment	7000.00	Total Liabilities	<i>50,000.00</i>
Total Assets	<i>15,600.00</i>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Ambulatory Base Rate: \$30 + \$3.00 prm (per mile)

Weekend Mileage rate: Base + \$7.00 prm

WheelChair Base Rate: \$50 + \$3.00 prm

Weekend Mileage Rate: Base + \$7.00 prm

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input checked="" type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
2013	Kia Sorento	5XYKTD2XDG311362	4000

INSURANCE QUOTE**This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Joan Hooks - E&J NEMT Services

Name of Applicant

216 Deerwood St, Apt H, Columbia, SC 29205

Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ \$23,492.00

Limits \$1,000,000 combined single limit

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

8-15 Passengers* \$ 25,000/100,000/25,000

National Indemnity Company (Agency is Adams Eaddy & Associates)

Name of Insurance Company

National Indemnity Company
1314 Douglas Street, Suite 1400
Omaha, NE 68102-1944

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Joan Hooks - E&J NEMT Services, LLC

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Jan Hosh
Applicant's Signature

Owner Owner
Title of Applicant (e.g. President, Owner, etc.)

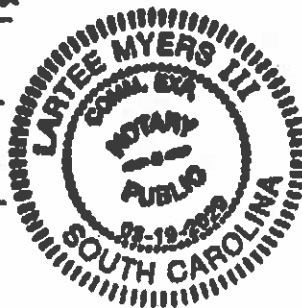
STATE OF SOUTH CAROLINA)
COUNTY OF Richland)

SWORN TO BEFORE ME
This 23rd day of Feb, 2022

Jate Myer
Notary Public

Commission Expires

3/19/2029



Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

E&J's NEMT Services, LLC, a limited liability company duly organized under the laws of the State of South Carolina on December 29th, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 23rd day
of February, 2022.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 211230-1124084

Filing Date: 12/29/2021

Feb 23 2022
REFERENCE ID: 978027

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

Mark Hammond
Secretary of State of South Carolina

**ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name)

EGJ's NEMT Services, LLC

Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC", "LLC", "LC", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
216 Deerwood St, Apt H

(Street Address)

Columbia, South Carolina 29205

(City, State, Zip Code)

3. The initial agent for service of process is

Joan Hooks

(Name)

Joan Hooks

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:

216 Deerwood St, Apt H

(Street Address)

Columbia

South Carolina 29205

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Joan Hooks

(Name)

216 Deerwood St, Apt H

(Street Address)

Columbia, South Carolina 29205

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Feb 23 2022

REFERENCE ID: 978027

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

E&J's NEMT Services, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

6. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
8. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

Joan Hooks

(Name)

218 Deerwood St, Apt H

(Street Address)

Columbia, South Carolina 29205

(City, State, Zip Code)

(b)

Lance E. Peterson

(Name)

218 Deerwood St, Apt H

(Street Address)

Columbia, South Carolina 29205

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

\$2,250.00 BASE
 \$150.00 POLICY FEE
 \$150.00 COMPANY FEE
 \$153.00 SC SCMMA
 \$153.00 SC STATE TAX
 \$2,856.00 TOTAL

Date: January 31, 2022

New Business Indication

Valid until March 2, 2022

We are pleased to provide the following Indication for Insurance being offered with certain Underwriters at Lloyd's, London. This Indication is provided on a Non-Admitted basis in the state of South Carolina.

Named Insured: E & J's NEMT Services LLC

Professional Services: Non-Emergency Medical Transportation services only

Proposed Effective Date: TBD

Proposed Expiration Date: TBD

Issued By: Underwriters at Lloyd's, London

PROFESSIONAL LIABILITY

(Claims-Made & Incident Sensitive)

Per Claim: \$1,000,000
 Aggregate: \$3,000,000
 Deductible: \$2,500
 Retroactive Date: Inception

GENERAL LIABILITY

(Occurrences & Incident Sensitive)

Per Claim: \$1,000,000
 Aggregate: \$3,000,000
 Product Completed Operations: Included
 Personal & Advertising Injury: Included
 Fire Legal Liability: \$50,000
 Medical Payments: \$5,000
 Deductible: \$2,500
 Retroactive Date: N/A

PURCHASED COVERAGE ENHANCEMENTS (Included in the premium):

Sexual Misconduct: \$25,000 / \$50,000 vs \$2,500

TOTAL PROFESSIONAL LIABILITY & GENERAL LIABILITY PREMIUM:**\$2,250.00****APPLICABLE FORMS:**

(NMA1868) SLIC-3 Surplus Lines Certificates
 (HAH-Dec002) Declarations Page
 (HAH-SchdForms) Schedule of Forms
 (ILP 001 01 04) OFAC Advisory Notice to Policyholders
 (HAH-Policy001GLOC (2020/06)) Allied Health Professional and General Liability Insurance (rev 2020/06)
 Endorsement #1: (NMA1331) Cancellation Clause Endorsement
 Endorsement #2: (LMA5491) Healthcare Liability - Cyber and Data Breach Exclusion 1
 Endorsement #3: (NMA1256) Nuclear Incident Exclusion Clause - Liability - Direct (Broad)
 Endorsement #4: (NMA1477) Radioactive Contamination Exclusion Clause - Liability - Direct
 Endorsement #5: (LSW1001) Several Liability Clause
 Endorsement #6: (LMA5390) U.S. Terrorism Risk Insurance Act of 2002 (Not Purchased)
 Endorsement #7: (NMA2918) War and Terrorism Exclusion Endorsement
 Endorsement #8: (HAH-Endt007OC) Asbestos and Toxic Mold Exclusion Endorsement
 Endorsement #9: (HAH-Endt018OC) Drop Down Limits Endorsement
 Endorsement #10: (HAH-Endt021OC) Fire Legal Liability Endorsement
 Endorsement #11: (HAH-Endt025OC) HIPAA Exclusion Endorsement
 Endorsement #12: (HAH-Endt084OC) License or Certification Endorsement
 Endorsement #13: (HAH-Endt086OC) Lloyd's Binding Authority Security
 Endorsement #14: (HAH-Endt035OC) Medical Payments Extension Endorsement
 Endorsement #15: (HAH-Endt037OC) Minimum Earned Premium Endorsement
 Endorsement #16: (HAH-Endt039OC) Physician, Dentist or Surgeon Exclusion Endorsement (Supplementary Exclusion)
 Endorsement #17: (HAH-Endt057OC) Schedule of Locations Endorsement

- 216 Deerwood St, Apt H
 Columbia, SC 29203

Endorsement #18: (HAH-Endt050OC) Sexual Misconduct Endorsement
 Endorsement #19: (HAH-Endt053OC) Silica Exclusion Endorsement
 Endorsement #20: (HAH-Endt058OC) Total Mold, Mildew or Other Fungi Exclusion Endorsement
 Endorsement #21: (HAH-Endt091OC) Transportation Services Coverage Limitation Endorsement

ERP Options: 12 months at 100%, 24 months at 175% and 36 months at 225%.

Taxes and fees shown above

SUBJECT TO:

1. Please confirm **PRIOR TO OR AT BINDING** that all drivers have gone through formal training in the proper techniques to load, unload and secure during transit patients who are in wheelchairs or stretchers. Please also confirm **PRIOR TO OR AT BINDING** that no one under the age of 18 years old is transported without their parent or legal guardian.
2. Please confirm the exposure for firm terms **PRIOR TO BINDING**. If the applicant is estimating \$35K from 2400 runs, are they planning to only charge an average of \$14.50 per transport?
3. Please confirm that the applicant's other non-medical transportation business carries their own GL coverage at a min of \$1M **PRIOR TO OR AT BINDING**.
4. Please confirm **PRIOR TO OR AT BINDING** that the applicant will draw up and implement a formal written incident/occurrence policy and procedure within 30 days of binding.
5. Currently re-signed & dated Huntersville application, ambulance supplement and sexual abuse supplement (re-signed and dated under the original signature and date to confirm no changes) is required **AT BINDING**.
6. Completed SL Form within 10 days of binding.
7. Currently signed & dated TUA Form is required within 10 days of binding.
8. Proof of Auto Coverage at equal or greater limits are required within 10 days of binding.
9. A copy of the owner's resume showing related experience is required within 10 days of binding.

PLEASE NOTE:

2. PL & GL limits are separate but a shared aggregate is available for a credit. Please advise if revised terms are desired.
 3. 25% Minimum earned premium applies. No flat cancellations.
 4. The following additional credits are available depending on the number of coverage enhancements purchased:
 - 10% credit if 2 additional coverage enhancements are purchased
 - 15% credit if 3 additional coverage enhancements are purchased
 - 20% credit if 4 additional coverage enhancements are purchased
 - 25% credit if 5 or more additional coverage enhancements are purchased
- NOTE** - This credit is based on the total premium for all coverage enhancements purchased NOT including the base PL & GL premium. Please then add the premium for the coverage enhancements purchased, less the applicable credit, to the PL & GL premium to arrive at the total premium.

Please read all terms and conditions shown above carefully as they may not conform to the specifications shown in your submission. Coverage shall be subject to all terms and conditions of the policy to be issued which shall, when delivered, replace the binder.

Optional Coverage Enhancements

The following optional coverage enhancements are not included in the premium.

* Indicates coverage enhancements where GL must be purchased for the enhancement to be available.

EMPLOYEE BENEFITS LIABILITY*

Per Claim:	\$1,000,000
Aggregate:	\$3,000,000
Deductible:	\$2,500
Retroactive Date:	Inception
Premium:	\$34

HIPAA**Option 1:**

Per Claim:	\$25,000
Aggregate:	\$25,000
Deductible:	\$2,500
Retroactive Date:	Inception
Premium:	\$500

Option 2:

Per Claim:	\$50,000
Aggregate:	\$50,000
Deductible:	\$2,500
Retroactive Date:	Inception
Premium:	\$750

Option 3:

Per Claim:	\$100,000
Aggregate:	\$100,000
Deductible:	\$2,500
Retroactive Date:	Inception
Premium:	\$1,000

Option 4:

Per Claim:	\$250,000
Aggregate:	\$250,000
Deductible:	\$2,500
Retroactive Date:	Inception
Premium:	\$1,500

PRIVACY REIMBURSEMENT**Option 1:**

Per Claim:	\$25,000
Aggregate:	\$25,000
Deductible:	\$1,000
Retroactive Date:	Inception
Premium:	\$750

Option 2:

Per Claim:	\$50,000
Aggregate:	\$50,000
Deductible:	\$1,000
Retroactive Date:	Inception
Premium:	\$1,000

Option 3:

Per Claim:	\$100,000
Aggregate:	\$100,000
Deductible:	\$1,000
Retroactive Date:	Inception
Premium:	\$1,250

SEXUAL MISCONDUCT

Option 1:
Per Claim: \$100,000
Aggregate: \$300,000
Deductible: \$2,500
Retroactive Date: Inception
Premium: \$200

Option 2:
Per Claim: \$250,000
Aggregate: \$800,000
Deductible: \$2,500
Retroactive Date: Inception
Premium: \$300

Option 3:
Per Claim: \$500,000
Aggregate: \$500,000
Deductible: \$2,500
Retroactive Date: Inception
Premium: \$400

Option 4:
Per Claim: \$1,000,000
Aggregate: \$1,000,000
Deductible: \$2,500
Retroactive Date: Inception
Premium: \$450

Option 5:
Per Claim: \$1,000,000
Aggregate: \$3,000,000
Deductible: \$2,500
Retroactive Date: Inception
Premium: \$500

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD \$113
<input type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

AML 2001
Syndicate on behalf of certain Underwriters at
Lloyd's, London

Print Name

Policy Number

Date

LMA9184
09 January 2020

NICO-Rate for South Carolina

Columbia Insurance Company

Account Summary For E & J's NEMT Services LLC



Quote #: 12555519
Status: Pending
Policy Type: AP

Originally Quoted: 2/01/2022 9:08 AM EST
Quote Printed: 2/01/2022 10:08 AM EST
Proposed Effective: 2/01/2022 12:00 AM EST
Proposed Expiration: 2/01/2023 12:00 AM EST

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	1,000,000 CSL	14,729
7	UM - BIPD	1,000,000 CSL	3,234
7	UIM - BIPD	1,000,000 CSL	3,234
7	Medical Payments	5,000	1,080
7	Physical Damage	See Specific Unit	1,215
	Total Ins Value	6,000	
Total			23,492.00

Quoted By: Dave Carlough
Johnson & Johnson, Inc.
200 Wingo Way, Ste 200
Mt. Pleasant, SC 29464
Phone - (800) 487-7565
Fax - (843) 577-1511
dave.carlough@jins.com

Producer: Correll Insurance Group LLC DBA
PO Box 5595
Columbia, SC 29250
Phone - (803) 254-9404

DOT #: Unknown
MC #: Unknown

Revision: 71SC2020R01

\$23,492.00

Vehicle Information

NICO-Rate Version: 8.7.5144.40

Unit	Liability	UM	UM	Med Pay	Phys Dam	Cargo/ In-Tow	All/Lessor	Unit Sub Total
1 2014 KIA SORENTO Comp/Col \$6,000 Radius: Up to 75 Miles	14,729	3,234	3,234	1,080	1,215	N/A	N/A	23,492
Deductible: 500/500								

Ni National
Indemnity
Company
— Since 1940 —